

Permit #1748
Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION

Town of: Lamoine
Property Owner's Name: Raymonde Dumont Tel. No.: 207-667-0554
System's Location: Bittersweet Lane Property Owner's Address: P.O. Box 477, Ellsworth, ME 04605

The subsurface wastewater disposal system design for the subject property requires a ☒ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☒ local approval ☐ local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)

1. To allow a replacement subsurface disposal system over 9-D soils
2. To install a replacement subsurface disposal field with a 3:1 backslope
- 3.

SECTION OF RULE

Sec. 4.3.b
Sec. 8 Table 8A

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

The site limitation to be overcome is the high seasonal groundwater table. To overcome this limitation, I have increased the required separation distance between the seasonal water table and the bottom of the system and over designed the system by a factor of 15% (700 sq. ft. vs 600 sq. ft.)

I, Gregory Perkins, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

SIGNATURE OF SITE EVALUATOR

DATE

PROPERTY OWNER

I, Raymonde Dumont, am the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

SIGNATURE OF OWNER
☒ AGENT FOR THE OWNER

DATE

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☒ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☒ do ☐ do not) approve the requested variance. I (☒ will ☐ will not) issue a permit for the system's installation as proposed by the application.

[Signature]

LPI Signature

9-16-14

Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☐ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

Date

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (☐ does ☐ does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Lamoine	Town/City	<u>LAMOINE</u> Permit # <u>1748</u>
Street or Road	Bittersweet Lane	Date Permit Issued	<u>9/16/14</u> Fee: \$ <u>270.</u> Double Fee Charged []
Subdivision, Lot #		Local Plumbing Inspector Signature	<u>[Signature]</u> L.P.I. # <u>1040</u>
OWNER/APPLICANT INFORMATION		Owner <input checked="" type="checkbox"/> Town <input type="checkbox"/> State	
Name (last, first, MI)	Dumont, Raymonde	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Mailing Address of Owner/Applicant	P.O. Box 477 Ellsworth, ME 04605	Municipal Tax Map #	<u>4</u> Lot # <u>44-1</u>
Daytime Tel. #	207-667-0554		
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
<u>[Signature]</u> Signature of Owner or Applicant		<u>[Signature]</u> Local Plumbing Inspector Signature	
10 Sept 2014 Date		(1st) date approved	
PERMIT INFORMATION			
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS	
<input type="checkbox"/> 1. First Time System	<input type="checkbox"/> 1. No Rule Variance	<input checked="" type="checkbox"/> 1. Complete Non-engineered System	
<input checked="" type="checkbox"/> 2. Replacement System	<input type="checkbox"/> 2. First Time System Variance	<input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)	
Type replaced: <u>Peat Modules</u>	<input type="checkbox"/> a. Local Plumbing Inspector Approval	<input type="checkbox"/> 3. Alternative Toilet, specify: _____	
Year installed: <u>1994</u>	<input type="checkbox"/> b. State & Local Plumbing Inspector Approval	<input type="checkbox"/> 4. Non-engineered Treatment Tank (only)	
<input type="checkbox"/> 3. Expanded System	<input checked="" type="checkbox"/> 3. Replacement System Variance	<input type="checkbox"/> 5. Holding Tank, _____ gallons	
<input type="checkbox"/> a. <25% Expansion	<input type="checkbox"/> a. Local Plumbing Inspector Approval	<input type="checkbox"/> 6. Non-engineered Disposal Field (only)	
<input type="checkbox"/> b. >25% Expansion	<input type="checkbox"/> b. State & Local Plumbing Inspector Approval	<input type="checkbox"/> 7. Separated Laundry System	
<input type="checkbox"/> 4. Experimental System	<input type="checkbox"/> 4. Minimum Lot Size Variance	<input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)	
<input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> 5. Seasonal Conversion Permit	<input type="checkbox"/> 9. Engineered Treatment Tank (only)	
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	<input type="checkbox"/> 10. Engineered Disposal Field (only)	
13+/- <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u>	<input type="checkbox"/> 11. Pre-treatment, specify: _____	
SHORELAND ZONING	<input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____	<input type="checkbox"/> 12. Miscellaneous Components	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3. Other: _____ (specify)	TYPE OF WATER SUPPLY	
	Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private	
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe	360 _____ gallons per day
<input checked="" type="checkbox"/> a. Regular	<input checked="" type="checkbox"/> 3. Proprietary Device	If Yes or Maybe, specify one below:	BASED ON:
<input type="checkbox"/> b. Low Profile	<input checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear	<input type="checkbox"/> a. multi-compartment tank	<input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s))
<input type="checkbox"/> 2. Plastic	<input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load	<input type="checkbox"/> b. _____ tanks in series	<input type="checkbox"/> 2. Table 4C (other facilities)
<input type="checkbox"/> 3. Other: _____	<input type="checkbox"/> 4. Other: _____	<input type="checkbox"/> c. increase in tank capacity	SHOW CALCULATIONS for other facilities
CAPACITY: <u>1000</u> GAL.	SIZE: <u>1920</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<input checked="" type="checkbox"/> d. Filter on Tank Outlet	<input type="checkbox"/> 3. Section 4G (meter readings)
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	ATTACH WATER METER DATA
PROFILE CONDITION	<input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd	<input type="checkbox"/> Not Required	LATITUDE AND LONGITUDE
<u>9</u> / <u>D</u>	<input type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd	<input type="checkbox"/> May Be Required	at center of disposal area
at Observation Hole # <u>1</u>	<input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd	<input checked="" type="checkbox"/> Required	Lat. <u>44</u> d <u>38</u> m <u>22.20</u> s
Depth <u>7</u> "	<input checked="" type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	Specify only for engineered systems:	Lon. <u>68</u> d <u>17</u> m <u>20.45</u> s
of Most Limiting Soil Factor		DOSE: _____ gallons	if g.p.s, state margin of error: _____
SITE EVALUATOR STATEMENT			
I certify that on <u>8-17-14</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).			
<u>[Signature]</u> Site Evaluator Signature		096 SE #	8-22-14 Date
Gregory Perkins Site Evaluator Name Printed		207-735-6013 Telephone Number	gregperkins096@yahoo.com E-mail Address
Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.			

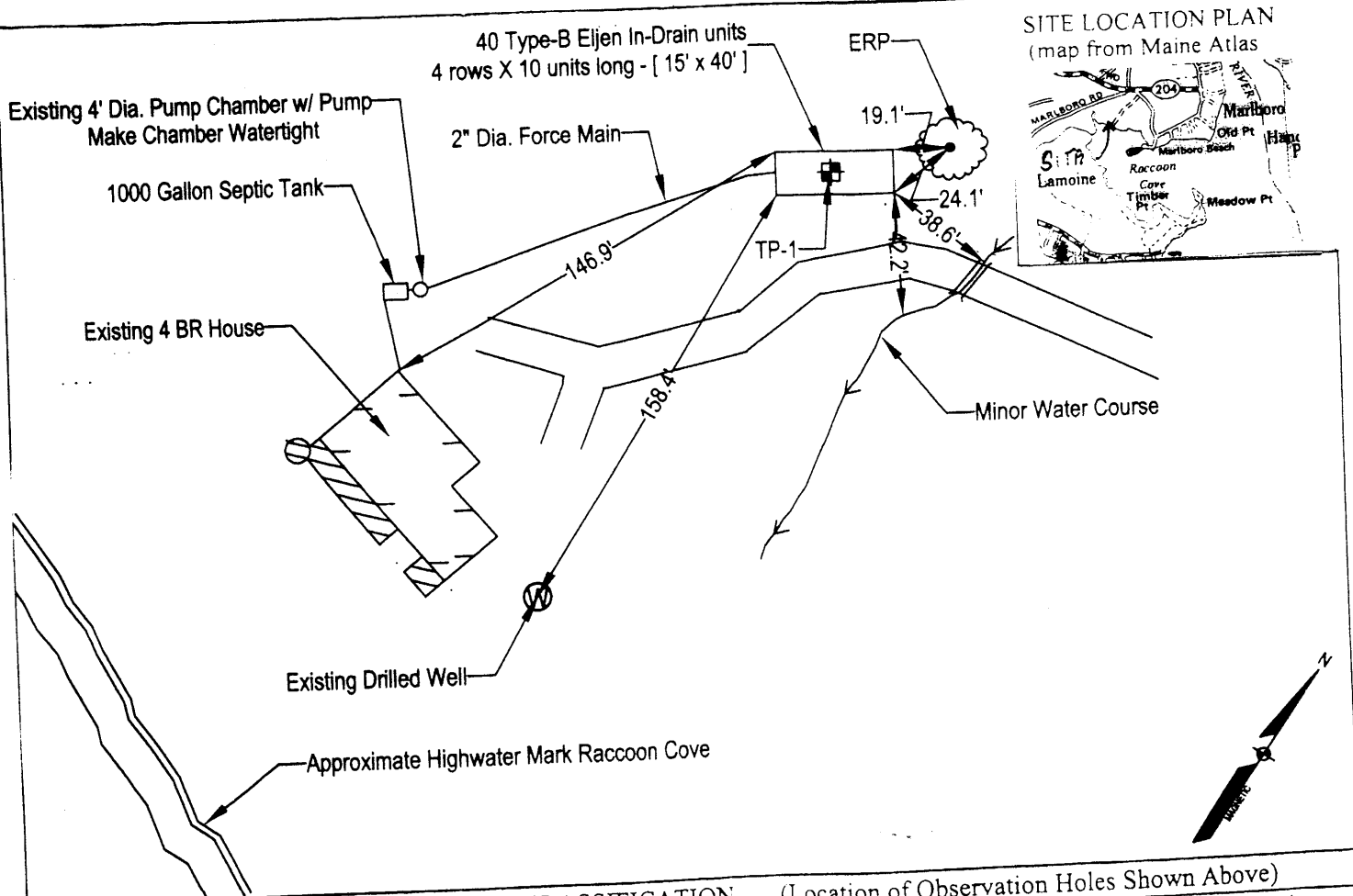
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax. (207) 287-3165

Town, City, Plantation
Lamoine

Street Road Subdivision
Bittersweet Lane

Owner's Name
Raymonde Dumont



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP-1 ☒ Test Pit ☐ Boring

2 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Silt Loam	Friable	Light Brown	
6	Silt Loam	Friable	Olive	
12	Silt Loam	Friable	Olive	
18	Silt Loam	Friable	Olive	Common and Distinct
24	Silty Clay	Firm	Gray	
30	Limit of Excavation at 30 inches			
36				
42				
48				

Soil	Classification	Slope	Limiting Factor
<u>9</u>	<u>D</u>	<u>6</u>	<u>7"</u>
Profile	Condition	Percent	Depth

☒ Groundwater
☐ Restrictive Layer
☐ Bedrock

Observation Hole # ☐ Test Pit ☐ Boring

 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48				

Soil	Classification	Slope	Limiting Factor
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Profile	Condition	Percent	Depth

☐ Groundwater
☐ Restrictive Layer
☐ Bedrock

Site Evaluator Signature

SE #

Date

Maine Dept. Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

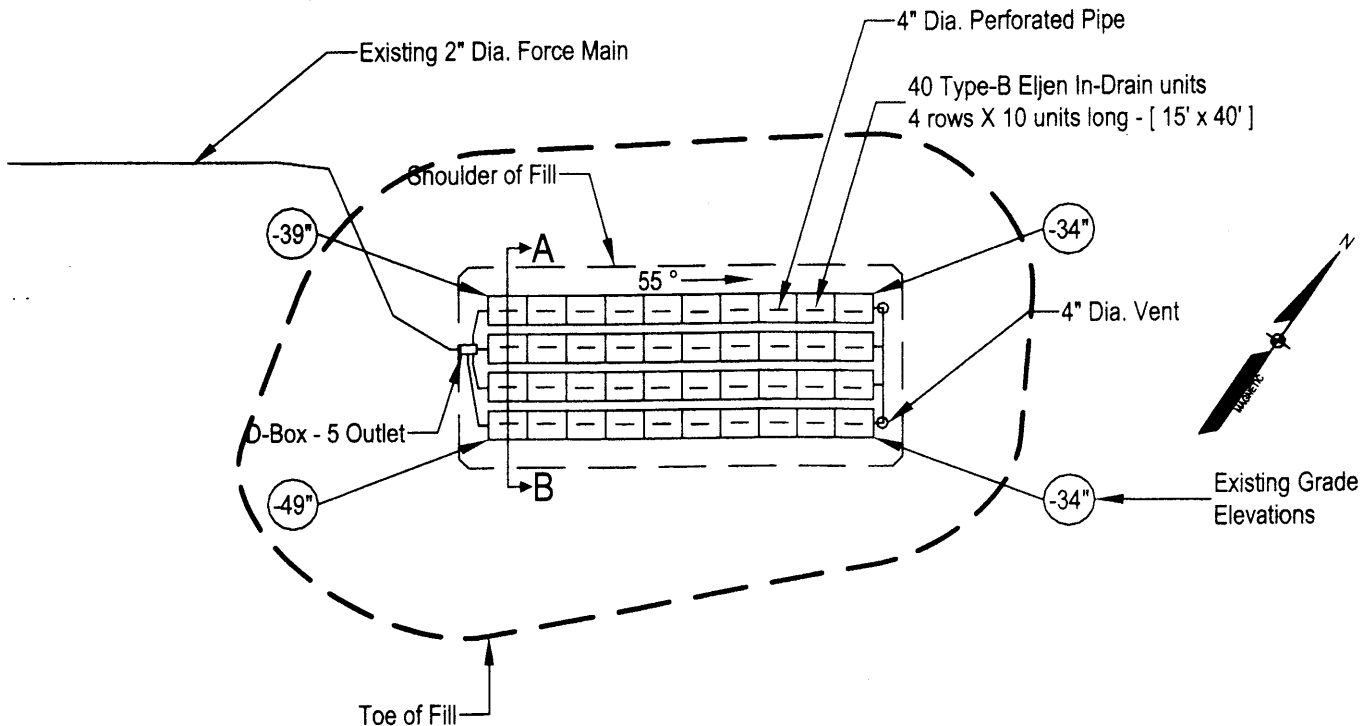
Town, City, Plantation
Lamoine

Street, Road, Subdivision
Bittersweet Lane

Owner's Name
Raymonde Dumont

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Location & Description:

Reference Elevation: 0.00"

Depth of Fill (Upslope)	<u>46"-48"</u>	Finished Grade Elevation
		Top of Distribution Pipe or Proprietary Device
Depth of Fill (Downslope)	<u>51"-61"</u>	Bottom of Disposal Area

+12"

0''

-17"

**NOTE: SCARIFY ALL GROUND SURFACE
TO BE FILLED.**

DISPOSAL FIELD CROSS SECTION

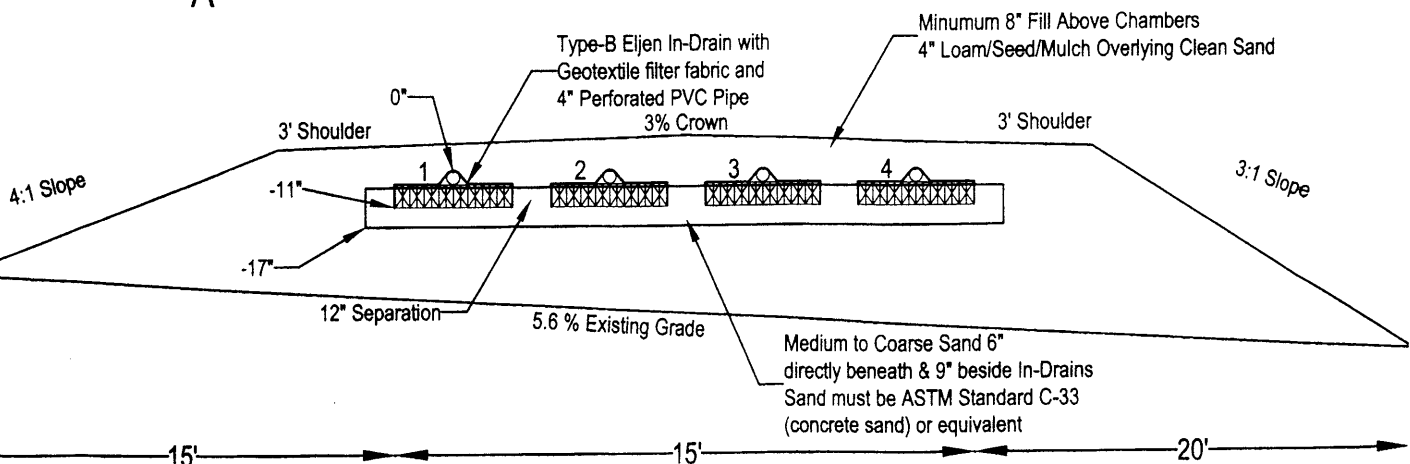
ROW #	1	2	3	4
TOP	0"	0"	0"	0"
BOTTOM	-17"	-17"	-17"	-17"

APPROXIMATE ABOVE
GRADE FILL REQUIRED
55.6 cubic yards of LOAM
317.6 cubic yards of SAND
Volume of chambers not considered

Scales:

Verticle: 1" = _____

Horizontal: 1" = _____



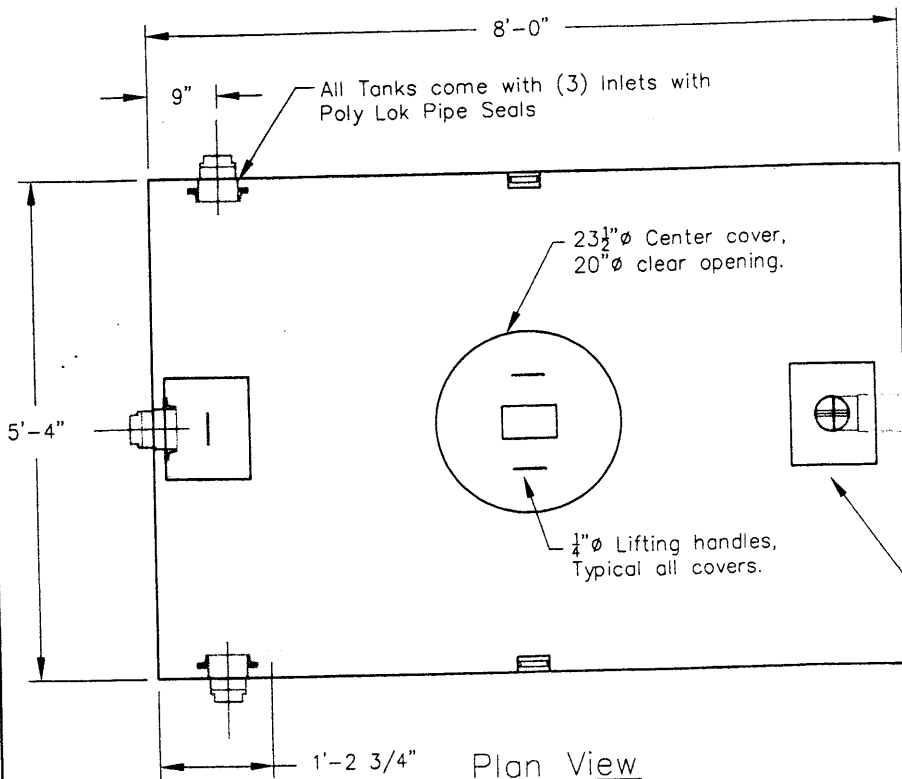
Site Evaluator Signature

SE #

Date _____

1000 Gallon Septic Tank

Weight: 9000 lbs.
Item # 2039 Standard
Item # 2133 Heavy Duty



General Notes:

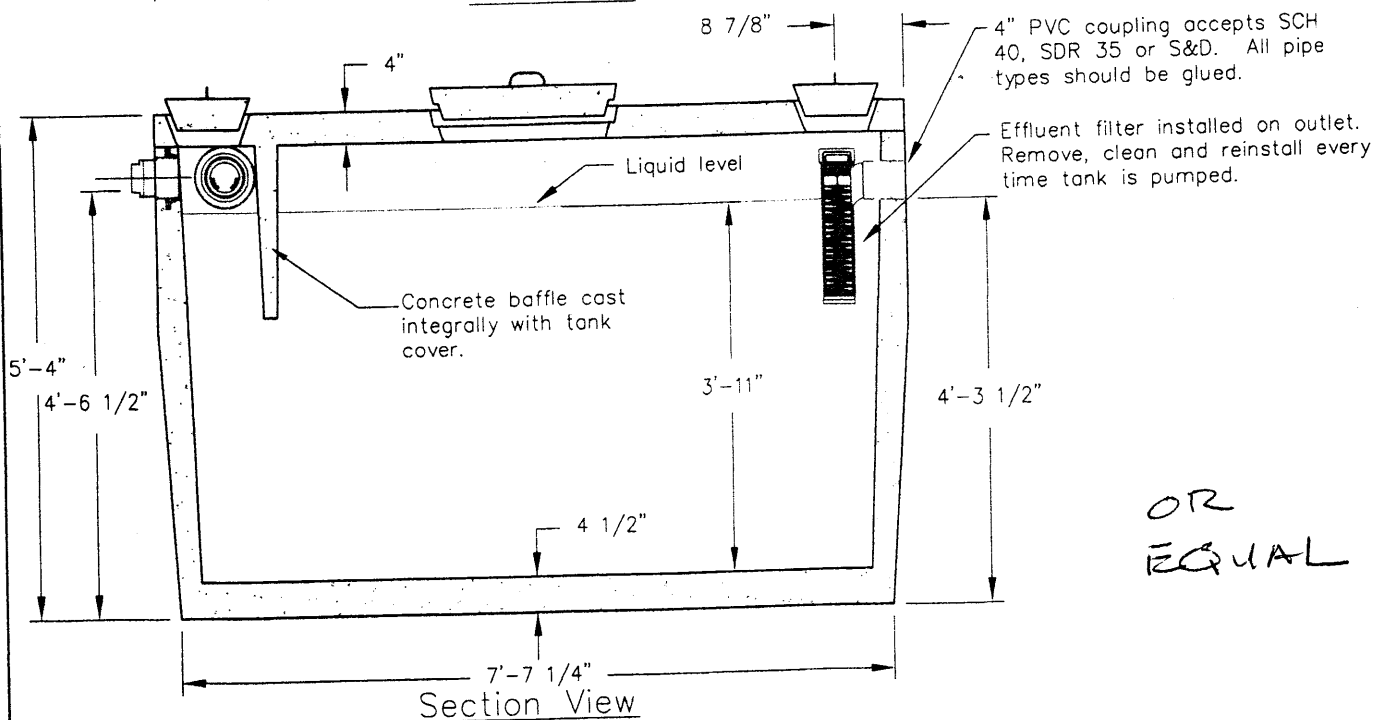
Concrete Specifications:

- 1) 4000 psi @ 28 Days
- 2) 4%-6% Entrained Air
- 3) Tank Penetrations are integrally cast
- 4) All joints sealed with butyl rubber joint sealant

Septic Tank Information:

- 1) Tanks Should be pumped every 3-5 years
- 2) Center access covers should have risers to bring cover access to grade.
- 3) Tanks can be vacuum tested at an additional cost

11" X 13" Cleanout cover at each end of tank.
8" X 10" clear opening.



OR
EQUAL



American Concrete Industries

1022 Minot Ave. Auburn, ME / 1717 Stillwater Ave. Veazie, ME
Tel: 207-784-1388 / Tel: 207-947-8334

Last Revised:

01/06

PG. XXX